



Gallatin County Zoning Amendment Application Form

1. Applicant(s): _____
Address: _____
Phone: _____
2. Property Owner: _____
3. Agent(s): _____
Address: _____
Phone: _____
4. Zoning district: _____

For text amendments:

4. Required attachments:
 - π Statement addressing all Zoning Amendment Evaluation Criteria, as discussed in attached handout. (15 or 24 copies)*
 - π Proposed new text, including section or page numbers. (15 or 24 copies)*
 - π Legal notice. (one paper copy and one electronic copy)
 - π Application fee. (Checks should be payable to Gallatin County)
- (* Submit 15 copies for a “101” zoning district; submit 24 copies for a “201” zoning district.)

4. General description of property: _____

5. Legal description of property: _____

6. DOR # 06 _____
 (2) (4) (2) (1) (2) (2) (4)

7. Current zoning designation: _____

8. Current use: _____

9. Proposed zoning designation: _____

10. Proposed use: _____

11. Covenants or deed restrictions on property? If yes, attach a copy. Yes _____ No _____

12. Required attachments:

- π Statement addressing all Zoning Amendment Evaluation Criteria, as discussed in attached handout. (15 or 24 copies)*
- π 300 foot radius map. (15 or 24 copies)*
- π Legal notice. (one paper copy and one electronic copy)
- π Certified list of names and addresses of adjacent property owners. (one copy)
- π Mailing labels for adjacent property owners. (three self-adhesive sets)
- π Application fee. (checks should be payable to Gallatin County)
- π Payment for certified mailing of legal notice to adjacent property owners.
_____ X \$10.00 = \$_____
number of adjoining property owners

(* Submit 15 copies for a “101” zoning district; submit 24 copies for a “201” zoning district.)

For text amendments and zone map amendments:

To be submitted after initial application is made, but before public hearing(s) are held:

- π Certified statement of posting of notices.
- π Receipt for publication of notice.

For zone map amendments only:

To be submitted after zone map amendment is approved by County Commission:

- π Fee for updating of official zone map.

I hereby certify that the information on and attached to this application is true and correct.

I understand the fees for this application are not refundable.

I understand that I am responsible for posting notice, for certifying that such posting has been completed and for paying for publication of notice before any scheduled public hearing(s) on this proposed zoning amendment are held.

(for zone map amendments) I understand that if this application is approved, I must pay a fee for updating the official zone map.

Applicant's signature

Date: _____

FOR OFFICE USE ONLY			
Date filed:	_____		
Application Fee:	$\frac{\quad}{1^{\text{st}} \text{ parcel}}$	$+$ $\frac{\quad}{\# \text{ of add'l parcels}}$	\times fee $\frac{\quad}{\text{total fee}}$
Certified mailing fee:	$\frac{\quad}{\# \text{ of adjoining prop. owners}}$	\times \$10	$\frac{\quad}{\text{total fee}}$
Initial hearing date:	_____	Action:	_____
County Commission date:	_____	Action:	_____
Zone map fee:	_____		

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